



# CITY OF WEST FARGO APPLICATION FOR BOARDS AND COMMISSIONS

PLEASE ATTACH A COPY OF YOUR RESUME

Board of Commission for which you are applying: \_\_\_\_\_

YOUR NAME (Last, First, Middle) \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EDUCATION AND GENERAL QUALIFICATIONS:

LEVEL	NAME OF SCHOOL	LOCATION	# YEARS ATTENDING	DID YOU GRADUATE	MAJOR-COURSE OF STUDY
HIGH SCHOOL					
COLLEGE					
TRADE/BUSINESS/ CORRESPONDENCE					

MEMBERSHIPS IN ORGANIZATIONS AND OFFICES HELD (INDICATE DATES HELD)	
VOLUNTEER ACTIVITIES (INDICATE IF PAST OR PRESENT)	
YOUR SPECIALS SKILLS AND QUALIFICATIONS	

## REFERENCES (List three persons, not related to you, whom you have known for at least one year)

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigations of all statements contained herein and the references listed above to give you any and all information concerning my qualifications and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the same to you.

**PLEASE RETURN COMPLETED FORM, RESUME AND COVER LETTER TO:**

City of West Fargo ATTN: Boards  
800 4th Avenue East, Ste 1  
West Fargo ND 58078

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_